

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: ~~EMERGENCY BRAKE SYSTEM~~

Attorney Docket Number:: 033498-044

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 6

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::


Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name::  Moriharu

Middle Name::

Family Name:: SAKAI

Name Suffix::

City of Residence:: Kariya

State or Province of Residence:: Aichi

Country of Residence:: Japan

Street of Mailing Address:: 2-1, Showa-cho

City of Mailing Address:: Kariya

State or Province of Mailing Address:: Aichi

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: Full Capacity

Given Name:: ✓ Takashi

Middle Name::

Family Name:: WATANABE

Name Suffix::

City of Residence:: Kariya

State or Province of Residence:: Aichi

Country of Residence:: Japan

Street of Mailing Address:: 2-1, Showa-cho

City of Mailing Address:: Kariya

State or Province of Mailing Address:: Aichi

Country of Mailing Address:: Japan

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Japan

Status:: ✓ Full Capacity

Given Name:: ✓ Shoichi

Middle Name::

Family Name:: MASAKI
Name Suffix::
City of Residence:: Kariya
State or Province of Residence:: Aichi
Country of Residence:: Japan
Street of Mailing Address:: 2-1, Showa-cho
City of Mailing Address:: Kariya
State or Province of Mailing Address:: Aichi
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number: 21839
Phone Number:: (703) 836-6620
Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/2003/012441	09/29/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Japan	2002-291983	10/04/02	Yes

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::